



Sen. William R. Haine

Filed: 2/28/2006

09400SB2608sam001

LRB094 16802 RAS 56608 a

1 AMENDMENT TO SENATE BILL 2608

2 AMENDMENT NO. _____. Amend Senate Bill 2608 on page 1,
3 immediately below line 23, by inserting the following:

4 "Section 10. The Medical Practice Act of 1987 is amended by
5 changing Sections 7.5, 9, 18, 19, 23, and 26 and by adding
6 Section 24.2 as follows:

7 (225 ILCS 60/7.5)

8 (Section scheduled to be repealed on January 1, 2007)

9 Sec. 7.5. Complaint Committee.

10 (a) There shall be a Complaint Committee of the
11 Disciplinary Board composed of at least one of the medical
12 coordinators established by subsection (g) of Section 7 of this
13 Act, the Chief of Medical Investigations (person employed by
14 the Department who is in charge of investigating complaints
15 against physicians and physician assistants), and at least 3
16 voting members of the Disciplinary Board (at least 2 of whom
17 shall be physicians) designated by the Chairman of the Medical
18 Disciplinary Board with the approval of the Disciplinary Board.
19 The Disciplinary Board members so appointed shall serve
20 one-year terms and may be eligible for reappointment for
21 subsequent terms.

22 (b) The Complaint Committee shall meet at least twice a
23 month to exercise its functions and duties set forth in
24 subsection (c) below. At least 2 members of the Disciplinary

1 Board shall be in attendance in order for any business to be
2 transacted by the Complaint Committee. The Complaint Committee
3 shall make every effort to consider expeditiously and take
4 prompt action on each item on its agenda.

5 (c) The Complaint Committee shall have the following duties
6 and functions:

7 (1) To recommend to the Disciplinary Board that a
8 complaint file be closed.

9 (2) To refer a complaint file to the office of the
10 Chief of Medical Prosecutions (person employed by the
11 Department who is in charge of prosecuting formal
12 complaints against licensees) for review.

13 (3) To make a decision in conjunction with the Chief of
14 Medical Prosecutions regarding action to be taken on a
15 complaint file.

16 (d) In determining what action to take or whether to
17 proceed with prosecution of a complaint, the Complaint
18 Committee shall consider, but not be limited to, the following
19 factors: sufficiency of the evidence presented, prosecutorial
20 merit under Section 22 of this Act, any recommendation made by
21 the Department, and insufficient cooperation from complaining
22 parties.

23 (Source: P.A. 93-214, eff. 1-1-04.)

24 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

25 (Section scheduled to be repealed on January 1, 2007)

26 Sec. 9. Application for license. Each applicant for a
27 license shall:

28 (A) Make application on blank forms prepared and
29 furnished by the Department of Professional Regulation
30 hereinafter referred to as the Department.

31 (B) Submit evidence satisfactory to the Department
32 that the applicant:

33 (1) is of good moral character. In determining

1 moral character under this Section, the Department may
2 take into consideration whether the applicant has
3 engaged in conduct or activities which would
4 constitute grounds for discipline under this Act. The
5 Department may also request the applicant to submit,
6 and may consider as evidence of moral character,
7 endorsements from 2 or 3 individuals licensed under
8 this Act;

9 (2) has the preliminary and professional education
10 required by this Act;

11 (3) (blank); and

12 (4) is physically, mentally, and professionally
13 capable of practicing medicine with reasonable
14 judgment, skill, and safety. In determining physical,
15 mental and professional capacity under this Section,
16 the Medical Licensing Board may, upon a showing of a
17 possible incapacity, compel any applicant to submit to
18 a mental or physical examination, or both. The
19 Licensing Board may condition or restrict any license,
20 subject to the same terms and conditions as are
21 provided for the Medical Disciplinary Board under
22 Section 22 of this Act. Any such condition of a
23 restricted license shall provide that the Chief
24 Medical Coordinator or Deputy Medical Coordinator
25 shall have the authority to review the subject
26 physician's compliance with such conditions or
27 restrictions, including, where appropriate, the
28 physician's record of treatment and counseling
29 regarding the impairment, to the extent permitted by
30 applicable federal statutes and regulations
31 safeguarding the confidentiality of medical records of
32 patients.

33 In determining professional capacity under this
34 Section, an ~~any~~ individual ~~who has not been actively~~

1 ~~engaged in the practice of medicine or as a medical,~~
2 ~~osteopathic, or chiropractic student or who has not been~~
3 ~~engaged in a formal program of medical education during the~~
4 ~~2 years immediately preceding their application~~ may be
5 required to complete such additional testing, training, or
6 remedial education as the Licensing Board may deem
7 necessary in order to establish the applicant's present
8 capacity to practice medicine with reasonable judgment,
9 skill, and safety. The Medical Licensing Board may consider
10 all of the following criteria as they relate to an
11 applicant, as part of its determination of professional
12 capacity:

13 (1) Medical research in an established research
14 facility, hospital, college or university, or private
15 corporation.

16 (2) Specialized training or education.

17 (3) Publication of original work in learned,
18 medical or scientific journals.

19 (4) Participation in federal, State, local, or
20 international public health programs or organizations.

21 (5) Professional service in a federal veterans or
22 military institution.

23 (6) Any other professional activities deemed to
24 maintain and enhance the clinical capabilities of the
25 applicant.

26 Any applicant applying for a license to practice
27 medicine in all of its branches or for a license as a
28 chiropractic physician who has not been engaged in the
29 active practice of medicine or has not been enrolled in a
30 medical program for 2 years prior to application must
31 submit proof of professional capacity to the Medical
32 Licensing Board.

33 Any applicant applying for a temporary license that has
34 not been engaged in the active practice of medicine or has

1 not been enrolled in a medical program for longer than 5
2 years prior to application must submit proof of
3 professional capacity to the Medical Licensing Board.

4 (C) Designate specifically the name, location, and
5 kind of professional school, college, or institution of
6 which the applicant is a graduate and the category under
7 which the applicant seeks, and will undertake, to practice.

8 (D) Pay to the Department at the time of application
9 the required fees.

10 (E) Pursuant to Department rules, as required, pass an
11 examination authorized by the Department to determine the
12 applicant's fitness to receive a license.

13 (F) Complete the application process within 3 years
14 from the date of application. If the process has not been
15 completed within 3 years, the application shall be denied,
16 application fees shall be forfeited, and the applicant must
17 reapply and meet the requirements in effect at the time of
18 reapplication.

19 (Source: P.A. 89-387, eff. 8-20-95; 89-702, eff. 7-1-97.)

20 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

21 (Section scheduled to be repealed on January 1, 2007)

22 Sec. 18. Visiting professor, physician, or resident
23 permits.

24 (A) Visiting professor permit.

25 (1) A visiting professor permit shall entitle a person
26 to practice medicine in all of its branches or to practice
27 the treatment of human ailments without the use of drugs
28 and without operative surgery provided:

29 (a) the person maintains an equivalent
30 authorization to practice medicine in all of its
31 branches or to practice the treatment of human ailments
32 without the use of drugs and without operative surgery
33 in good standing in their native licensing

1 jurisdiction during the period of the visiting
2 professor permit;

3 (b) the person has received a faculty appointment
4 to teach in a medical, osteopathic or chiropractic
5 school in Illinois; and

6 (c) the Department may prescribe the information
7 necessary to establish an applicant's eligibility for
8 a permit. This information shall include without
9 limitation (i) a statement from the dean of the medical
10 school at which the applicant will be employed
11 describing the applicant's qualifications and (ii) a
12 statement from the dean of the medical school listing
13 every affiliated institution in which the applicant
14 will be providing instruction as part of the medical
15 school's education program and justifying any clinical
16 activities at each of the institutions listed by the
17 dean.

18 (2) Application for visiting professor permits shall
19 be made to the Department, in writing, on forms prescribed
20 by the Department and shall be accompanied by the required
21 fee established by rule, which shall not be refundable. Any
22 application shall require the information as, in the
23 judgment of the Department, will enable the Department to
24 pass on the qualifications of the applicant.

25 (3) A visiting professor permit shall be valid for no
26 longer than 2 years from the date of issuance or until the
27 time the faculty appointment is terminated, whichever
28 occurs first, and may be renewed only in accordance with
29 subdivision (A) (6) of this Section.

30 (4) The applicant may be required to appear before the
31 Medical Licensing Board for an interview prior to, and as a
32 requirement for, the issuance of the original permit and
33 the renewal.

34 (5) Persons holding a permit under this Section shall

1 only practice medicine in all of its branches or practice
2 the treatment of human ailments without the use of drugs
3 and without operative surgery in the State of Illinois in
4 their official capacity under their contract within the
5 medical school itself and any affiliated institution in
6 which the permit holder is providing instruction as part of
7 the medical school's educational program and for which the
8 medical school has assumed direct responsibility.

9 (6) After the initial renewal of a visiting professor
10 permit, a ~~A~~ visiting professor permit shall be valid until
11 the last day of the next physician license renewal period,
12 as set by rule, and may only be renewed for applicants who
13 meet the following requirements:

14 (i) have obtained the required continuing
15 education hours as set by rule; and

16 (ii) have paid the fee prescribed for a license
17 under Section 21 of this Act.

18 For initial renewal, the visiting professor must
19 successfully pass a general competency examination authorized
20 by the Department by rule.

21 (B) Visiting physician permit.

22 (1) The Department may, in its discretion, issue a
23 temporary visiting physician permit, without examination,
24 provided:

25 (a) (blank);

26 (b) that the person maintains an equivalent
27 authorization to practice medicine in all of its
28 branches or to practice the treatment of human ailments
29 without the use of drugs and without operative surgery
30 in good standing in his or her native licensing
31 jurisdiction during the period of the temporary
32 visiting physician permit;

33 (c) that the person has received an invitation or

1 appointment to study, demonstrate, or perform a
2 specific medical, osteopathic, chiropractic or
3 clinical subject or technique in a medical,
4 osteopathic, or chiropractic school, a hospital
5 licensed under the Hospital Licensing Act, a hospital
6 organized under the University of Illinois Hospital
7 Act, or a facility operated pursuant to the Ambulatory
8 Surgical Treatment Center Act; and

9 (d) that the temporary visiting physician permit
10 shall only permit the holder to practice medicine in
11 all of its branches or practice the treatment of human
12 ailments without the use of drugs and without operative
13 surgery within the scope of the medical, osteopathic,
14 chiropractic, or clinical studies for which the holder
15 was invited or appointed.

16 (2) The application for the temporary visiting
17 physician permit shall be made to the Department, in
18 writing, on forms prescribed by the Department, and shall
19 be accompanied by the required fee established by rule,
20 which shall not be refundable. The application shall
21 require information that, in the judgment of the
22 Department, will enable the Department to pass on the
23 qualification of the applicant, and the necessity for the
24 granting of a temporary visiting physician permit.

25 (3) A temporary visiting physician permit shall be
26 valid for 180 days from the date of issuance or until the
27 time the medical, osteopathic, chiropractic, or clinical
28 studies are completed, whichever occurs first.

29 (4) The applicant for a temporary visiting physician
30 permit may be required to appear before the Medical
31 Licensing Board for an interview prior to, and as a
32 requirement for, the issuance of a temporary visiting
33 physician permit.

34 (5) A limited temporary visiting physician permit

1 shall be issued to a physician licensed in another state
2 who has been requested to perform emergency procedures in
3 Illinois if he or she meets the requirements as established
4 by rule.

5 (C) Visiting resident permit.

6 (1) The Department may, in its discretion, issue a
7 temporary visiting resident permit, without examination,
8 provided:

9 (a) (blank);

10 (b) that the person maintains an equivalent
11 authorization to practice medicine in all of its
12 branches or to practice the treatment of human ailments
13 without the use of drugs and without operative surgery
14 in good standing in his or her native licensing
15 jurisdiction during the period of the temporary
16 visiting resident permit;

17 (c) that the applicant is enrolled in a
18 postgraduate clinical training program outside the
19 State of Illinois that is approved by the Department;

20 (d) that the individual has been invited or
21 appointed for a specific period of time to perform a
22 portion of that post graduate clinical training
23 program under the supervision of an Illinois licensed
24 physician in an Illinois patient care clinic or
25 facility that is affiliated with the out-of-State post
26 graduate training program; and

27 (e) that the temporary visiting resident permit
28 shall only permit the holder to practice medicine in
29 all of its branches or practice the treatment of human
30 ailments without the use of drugs and without operative
31 surgery within the scope of the medical, osteopathic,
32 chiropractic or clinical studies for which the holder
33 was invited or appointed.

1 (2) The application for the temporary visiting
2 resident permit shall be made to the Department, in
3 writing, on forms prescribed by the Department, and shall
4 be accompanied by the required fee established by rule. The
5 application shall require information that, in the
6 judgment of the Department, will enable the Department to
7 pass on the qualifications of the applicant.

8 (3) A temporary visiting resident permit shall be valid
9 for 180 days from the date of issuance or until the time
10 the medical, osteopathic, chiropractic, or clinical
11 studies are completed, whichever occurs first.

12 (4) The applicant for a temporary visiting resident
13 permit may be required to appear before the Medical
14 Licensing Board for an interview prior to, and as a
15 requirement for, the issuance of a temporary visiting
16 resident permit.

17 (Source: P.A. 91-357, eff. 7-29-99; 92-100, eff. 7-20-01.)

18 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

19 (Section scheduled to be repealed on January 1, 2007)

20 Sec. 19. Licensure by endorsement ~~without examination~~. The
21 Department may, in its discretion, issue a license by
22 endorsement ~~without examination~~ to any person who is currently
23 licensed to practice medicine in all of its branches, or to
24 practice the treatment of human ailments without the use of
25 drugs or operative surgery, in any other state, territory,
26 country or province, upon the following conditions:

27 (A) (Blank);

28 (B) That the applicant is of good moral character. In
29 determining moral character under this Section, the
30 Department may take into consideration whether the
31 applicant has engaged in conduct or activities which would
32 constitute grounds for discipline under this Act. The
33 Department may also request the applicant to submit, and

1 may consider as evidence of moral character, endorsements
2 from 2 or 3 individuals licensed under this Act;

3 (C) That the applicant is physically, mentally and
4 professionally capable of practicing medicine with
5 reasonable judgment, skill and safety. In determining
6 physical, mental and professional capacity under this
7 Section the Medical Licensing Board may, upon a showing of
8 a possible incapacity, compel an applicant to submit to a
9 mental or physical examination, or both, and may condition
10 or restrict any license, subject to the same terms and
11 conditions as are provided for the Medical Disciplinary
12 Board under Section 22 of this Act. The Medical Licensing
13 Board or the Department may order the examining physician
14 to present testimony concerning this mental or physical
15 examination of the applicant. No information shall be
16 excluded by reason of any common law or statutory privilege
17 relating to communications between the applicant and the
18 examining physician. Any condition of restricted license
19 shall provide that the Chief Medical Coordinator or Deputy
20 Medical Coordinator shall have the authority to review the
21 subject physician's compliance with such conditions or
22 restrictions, including, where appropriate, the
23 physician's record of treatment and counseling regarding
24 the impairment, to the extent permitted by applicable
25 federal statutes and regulations safeguarding the
26 confidentiality of medical records of patients.

27 (D) That if the applicant seeks to practice medicine in
28 all of its branches:

29 (1) if the applicant was licensed in another
30 jurisdiction prior to January 1, 1988, that the
31 applicant has satisfied the educational requirements
32 of paragraph (1) of subsection (A) or paragraph (2) of
33 subsection (A) of Section 11 of this Act; or

34 (2) if the applicant was licensed in another

1 jurisdiction after December 31, 1987, that the
2 applicant has satisfied the educational requirements
3 of paragraph (A) (2) of Section 11 of this Act; and

4 (3) the requirements for a license to practice
5 medicine in all of its branches in the particular
6 state, territory, country or province in which the
7 applicant is licensed are deemed by the Department to
8 have been substantially equivalent to the requirements
9 for a license to practice medicine in all of its
10 branches in force in this State at the date of the
11 applicant's license;

12 (E) That if the applicant seeks to treat human ailments
13 without the use of drugs and without operative surgery:

14 (1) the applicant is a graduate of a chiropractic
15 school or college approved by the Department at the
16 time of their graduation;

17 (2) the requirements for the applicant's license
18 to practice the treatment of human ailments without the
19 use of drugs are deemed by the Department to have been
20 substantially equivalent to the requirements for a
21 license to practice in this State at the date of the
22 applicant's license;

23 (F) That the Department may, in its discretion, issue a
24 license by endorsement, ~~without examination~~, to any
25 graduate of a medical or osteopathic college, reputable and
26 in good standing in the judgment of the Department, who has
27 passed an examination for admission to the United States
28 Public Health Service, or who has passed any other
29 examination deemed by the Department to have been at least
30 equal in all substantial respects to the examination
31 required for admission to any such medical corps;

32 (G) That applications for licenses by endorsement
33 ~~without examination~~ shall be filed with the Department,
34 under oath, on forms prepared and furnished by the

1 Department, and shall set forth, and applicants therefor
2 shall supply such information respecting the life,
3 education, professional practice, and moral character of
4 applicants as the Department may require to be filed for
5 its use;

6 (H) That the applicant undergo the criminal background
7 check established under Section 9.7 of this Act.

8 In the exercise of its discretion under this Section, the
9 Department is empowered to consider and evaluate each applicant
10 on an individual basis. It may take into account, among other
11 things, the extent to which there is or is not available to the
12 Department, authentic and definitive information concerning
13 the quality of medical education and clinical training which
14 the applicant has had. Under no circumstances shall a license
15 be issued under the provisions of this Section to any person
16 who has previously taken and failed the written examination
17 conducted by the Department for such license. In the exercise
18 of its discretion under this Section, the Department may, upon
19 the recommendation of the Medical Licensing Board, require an
20 applicant to successfully complete an examination as
21 recommended by the Medical Licensing Board. In determining
22 moral character, the Department may take into consideration
23 whether the applicant has engaged in conduct or activities
24 which would constitute grounds for discipline under this Act.
25 The Department may also request the applicant to submit, and
26 may consider as evidence of moral character, evidence from 2 or
27 3 individuals licensed under this Act. Applicants have 3 years
28 from the date of application to complete the application
29 process. If the process has not been completed within 3 years,
30 the application shall be denied, the fees shall be forfeited,
31 and the applicant must reapply and meet the requirements in
32 effect at the time of reapplication.

33 (Source: P.A. 89-702, eff. 7-1-97; 90-722, eff. 1-1-99.)

1 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

2 (Section scheduled to be repealed on January 1, 2007)

3 Sec. 23. Reports relating to professional conduct and
4 capacity.

5 (A) Entities required to report.

6 (1) Health care institutions. The chief administrator
7 or executive officer of any health care institution
8 licensed by the Illinois Department of Public Health shall
9 report to the Disciplinary Board when any person's clinical
10 privileges are terminated or are restricted based on a
11 final determination made in accordance with that
12 institution's by-laws or rules and regulations that a
13 person has either committed an act or acts which may
14 directly threaten patient care, and not of an
15 administrative nature, or that a person may be mentally or
16 physically disabled in such a manner as to endanger
17 patients under that person's care. Such officer also shall
18 report if a person accepts voluntary termination or
19 restriction of clinical privileges in lieu of formal action
20 based upon conduct related directly to patient care and not
21 of an administrative nature, or in lieu of formal action
22 seeking to determine whether a person may be mentally or
23 physically disabled in such a manner as to endanger
24 patients under that person's care. The Medical
25 Disciplinary Board shall, by rule, provide for the
26 reporting to it of all instances in which a person,
27 licensed under this Act, who is impaired by reason of age,
28 drug or alcohol abuse or physical or mental impairment, is
29 under supervision and, where appropriate, is in a program
30 of rehabilitation. Such reports shall be strictly
31 confidential and may be reviewed and considered only by the
32 members of the Disciplinary Board, or by authorized staff
33 as provided by rules of the Disciplinary Board. Provisions
34 shall be made for the periodic report of the status of any

1 such person not less than twice annually in order that the
2 Disciplinary Board shall have current information upon
3 which to determine the status of any such person. Such
4 initial and periodic reports of impaired physicians shall
5 not be considered records within the meaning of The State
6 Records Act and shall be disposed of, following a
7 determination by the Disciplinary Board that such reports
8 are no longer required, in a manner and at such time as the
9 Disciplinary Board shall determine by rule. The filing of
10 such reports shall be construed as the filing of a report
11 for purposes of subsection (C) of this Section.

12 (2) Professional associations. The President or chief
13 executive officer of any association or society, of persons
14 licensed under this Act, operating within this State shall
15 report to the Disciplinary Board when the association or
16 society renders a final determination that a person has
17 committed unprofessional conduct related directly to
18 patient care or that a person may be mentally or physically
19 disabled in such a manner as to endanger patients under
20 that person's care.

21 (3) Professional liability insurers. Every insurance
22 company which offers policies of professional liability
23 insurance to persons licensed under this Act, or any other
24 entity which seeks to indemnify the professional liability
25 of a person licensed under this Act, shall report to the
26 Disciplinary Board the settlement of any claim or cause of
27 action, or final judgment rendered in any cause of action,
28 which alleged negligence in the furnishing of medical care
29 by such licensed person when such settlement or final
30 judgment is in favor of the plaintiff.

31 (4) State's Attorneys. The State's Attorney of each
32 county shall report to the Disciplinary Board all instances
33 in which a person licensed under this Act is convicted or
34 otherwise found guilty of or enters a plea of guilty to the

1 commission of any felony or a class A misdemeanor for an
2 act or conduct similar to an act or conduct that would
3 constitute grounds for disciplinary action under Section
4 22 of this Act, which report must be done within 5 days
5 after the conviction, finding of guilt, or plea. The
6 State's Attorney of each county may report to the
7 Disciplinary Board through a verified complaint any
8 instance in which the State's Attorney believes that a
9 physician has willfully violated the notice requirements
10 of the Parental Notice of Abortion Act of 1995.

11 (5) State agencies. All agencies, boards, commissions,
12 departments, or other instrumentalities of the government
13 of the State of Illinois shall report to the Disciplinary
14 Board any instance arising in connection with the
15 operations of such agency, including the administration of
16 any law by such agency, in which a person licensed under
17 this Act has either committed an act or acts which may be a
18 violation of this Act or which may constitute
19 unprofessional conduct related directly to patient care or
20 which indicates that a person licensed under this Act may
21 be mentally or physically disabled in such a manner as to
22 endanger patients under that person's care.

23 (B) Mandatory reporting. All reports required by items
24 (34), (35), and (36) of subsection (A) of Section 22 and by
25 Section 23 shall be submitted to the Disciplinary Board in a
26 timely fashion. The reports shall be filed in writing within 60
27 days after a determination that a report is required under this
28 Act. All reports shall contain the following information:

29 (1) The name, address and telephone number of the
30 person making the report.

31 (2) The name, address and telephone number of the
32 person who is the subject of the report.

33 (3) The name and date of birth of any patient or
34 patients whose treatment is a subject of the report, if

1 available, or other means of identification if such
2 information is not available, identification of the
3 hospital or other healthcare facility where the care at
4 issue in the report was rendered, provided, however, no
5 medical records may be revealed.

6 (4) A brief description of the facts which gave rise to
7 the issuance of the report, including the dates of any
8 occurrences deemed to necessitate the filing of the report.

9 (5) If court action is involved, the identity of the
10 court in which the action is filed, along with the docket
11 number and date of filing of the action.

12 (6) Any further pertinent information which the
13 reporting party deems to be an aid in the evaluation of the
14 report.

15 The Disciplinary Board or Department may also exercise the
16 power under Section 38 of this Act to subpoena copies of
17 hospital or medical records in mandatory report cases alleging
18 death or permanent bodily injury. Appropriate rules shall be
19 adopted by the Department with the approval of the Disciplinary
20 Board.

21 When the Department has received written reports
22 concerning incidents required to be reported in items (34),
23 (35), and (36) of subsection (A) of Section 22, the licensee's
24 failure to report the incident to the Department under those
25 items shall not be the sole grounds for disciplinary action.

26 Nothing contained in this Section shall act to in any way,
27 waive or modify the confidentiality of medical reports and
28 committee reports to the extent provided by law. Any
29 information reported or disclosed shall be kept for the
30 confidential use of the Disciplinary Board, the Medical
31 Coordinators, the Disciplinary Board's attorneys, the medical
32 investigative staff, and authorized clerical staff, as
33 provided in this Act, and shall be afforded the same status as
34 is provided information concerning medical studies in Part 21

1 of Article VIII of the Code of Civil Procedure, except that the
2 Department may disclose information and documents to a federal,
3 State, or local law enforcement agency pursuant to a subpoena
4 in an ongoing criminal investigation or to another state's or
5 jurisdiction's medical licensing authority pursuant to an
6 official request made by that authority. Furthermore,
7 information and documents disclosed to a federal, State, or
8 local law enforcement agency may be used by that agency only
9 for the investigation and prosecution of a criminal offense or,
10 in the case of disclosure to another medical licensing
11 authority, only for investigations and disciplinary action
12 proceedings with regard to a license.

13 (C) Immunity from prosecution. Any individual or
14 organization acting in good faith, and not in a wilful and
15 wanton manner, in complying with this Act by providing any
16 report or other information to the Disciplinary Board or a peer
17 review committee, or assisting in the investigation or
18 preparation of such information, or by voluntarily reporting to
19 the Disciplinary Board or a peer review committee information
20 regarding alleged errors or negligence by a person licensed
21 under this Act, or by participating in proceedings of the
22 Disciplinary Board or a peer review committee, or by serving as
23 a member of the Disciplinary Board or a peer review committee,
24 shall not, as a result of such actions, be subject to criminal
25 prosecution or civil damages.

26 (D) Indemnification. Members of the Disciplinary Board,
27 the Medical Coordinators, the Disciplinary Board's attorneys,
28 the medical investigative staff, physicians retained under
29 contract to assist and advise the medical coordinators in the
30 investigation, and authorized clerical staff shall be
31 indemnified by the State for any actions occurring within the
32 scope of services on the Disciplinary Board, done in good faith
33 and not wilful and wanton in nature. The Attorney General shall
34 defend all such actions unless he or she determines either that

1 there would be a conflict of interest in such representation or
2 that the actions complained of were not in good faith or were
3 wilful and wanton.

4 Should the Attorney General decline representation, the
5 member shall have the right to employ counsel of his or her
6 choice, whose fees shall be provided by the State, after
7 approval by the Attorney General, unless there is a
8 determination by a court that the member's actions were not in
9 good faith or were wilful and wanton.

10 The member must notify the Attorney General within 7 days
11 of receipt of notice of the initiation of any action involving
12 services of the Disciplinary Board. Failure to so notify the
13 Attorney General shall constitute an absolute waiver of the
14 right to a defense and indemnification.

15 The Attorney General shall determine within 7 days after
16 receiving such notice, whether he or she will undertake to
17 represent the member.

18 (E) Deliberations of Disciplinary Board. Upon the receipt
19 of any report called for by this Act, other than those reports
20 of impaired persons licensed under this Act required pursuant
21 to the rules of the Disciplinary Board, the Disciplinary Board
22 shall notify in writing, by certified mail, the person who is
23 the subject of the report. Such notification shall be made
24 within 30 days of receipt by the Disciplinary Board of the
25 report.

26 The notification shall include a written notice setting
27 forth the person's right to examine the report. Included in
28 such notification shall be the address at which the file is
29 maintained, the name of the custodian of the reports, and the
30 telephone number at which the custodian may be reached. The
31 person who is the subject of the report shall submit a written
32 statement responding, clarifying, adding to, or proposing the
33 amending of the report previously filed. The person who is the
34 subject of the report shall also submit with the written

1 statement any medical records related to the report. The
2 statement and accompanying medical records shall become a
3 permanent part of the file and must be received by the
4 Disciplinary Board no more than 30 days after the date on which
5 the person was notified by the Disciplinary Board of the
6 existence of the original report.

7 The Disciplinary Board shall review all reports received by
8 it, together with any supporting information and responding
9 statements submitted by persons who are the subject of reports.
10 The review by the Disciplinary Board shall be in a timely
11 manner but in no event, shall the Disciplinary Board's initial
12 review of the material contained in each disciplinary file be
13 less than 61 days nor more than 180 days after the receipt of
14 the initial report by the Disciplinary Board.

15 When the Disciplinary Board makes its initial review of the
16 materials contained within its disciplinary files, the
17 Disciplinary Board shall, in writing, make a determination as
18 to whether there are sufficient facts to warrant further
19 investigation or action. Failure to make such determination
20 within the time provided shall be deemed to be a determination
21 that there are not sufficient facts to warrant further
22 investigation or action.

23 Should the Disciplinary Board find that there are not
24 sufficient facts to warrant further investigation, or action,
25 the report shall be accepted for filing and the matter shall be
26 deemed closed and so reported to the Secretary. The Secretary
27 shall then have 30 days to accept the Medical Disciplinary
28 Board's decision or request further investigation. The
29 Secretary shall inform the Board in writing of the decision to
30 request further investigation, including the specific reasons
31 for the decision. The individual or entity filing the original
32 report or complaint and the person who is the subject of the
33 report or complaint shall be notified in writing by the
34 Secretary of any final action on their report or complaint.

1 (F) Summary reports. The Disciplinary Board shall prepare,
2 on a timely basis, but in no event less than one every other
3 month, a summary report of final actions taken upon
4 disciplinary files maintained by the Disciplinary Board. This
5 publication must be made available to the public upon request
6 and the payment of a fee set by the Department. This
7 publication may be made available to the public via the
8 Internet through the State of Illinois web site. ~~The summary~~
9 ~~reports shall be sent by the Disciplinary Board to every health~~
10 ~~care facility licensed by the Illinois Department of Public~~
11 ~~Health, every professional association and society of persons~~
12 ~~licensed under this Act functioning on a statewide basis in~~
13 ~~this State, the American Medical Association, the American~~
14 ~~Osteopathic Association, the American Chiropractic~~
15 ~~Association, all insurers providing professional liability~~
16 ~~insurance to persons licensed under this Act in the State of~~
17 ~~Illinois, the Federation of State Medical Licensing Boards, and~~
18 ~~the Illinois Pharmacists Association.~~

19 (G) Any violation of this Section shall be a Class A
20 misdemeanor.

21 (H) If any such person violates the provisions of this
22 Section an action may be brought in the name of the People of
23 the State of Illinois, through the Attorney General of the
24 State of Illinois, for an order enjoining such violation or for
25 an order enforcing compliance with this Section. Upon filing of
26 a verified petition in such court, the court may issue a
27 temporary restraining order without notice or bond and may
28 preliminarily or permanently enjoin such violation, and if it
29 is established that such person has violated or is violating
30 the injunction, the court may punish the offender for contempt
31 of court. Proceedings under this paragraph shall be in addition
32 to, and not in lieu of, all other remedies and penalties
33 provided for by this Section.

34 (Source: P.A. 94-677, eff. 8-25-05.)

1 (225 ILCS 60/24.2 new)

2 Sec. 24.2. Required physician profile information;
3 administrative penalty.

4 (a) All physicians holding active licenses or permits,
5 excluding temporary licenses, under this Act shall, upon
6 request of the Department, make available the information
7 required under Section 24.1 of this Act to complete his or her
8 physician profile. The Department shall post only that
9 information provided to the Department.

10 (b) All requests for information shall be made to the
11 physician's last known address as reported by the physician to
12 the Department. It is the responsibility of each physician to
13 notify the Department of any change of address.

14 (c) If, after the expiration of 60 calendar days after the
15 date of request from the Department, the physician has failed
16 to submit the required information, the Department shall
17 automatically issue a non-disciplinary warning letter to the
18 physician. If, after the expiration of an additional 30
19 calendar days after the date of second notification from the
20 Department, the physician has failed to submit the required
21 information, the Department shall automatically and without
22 hearing impose an administrative penalty of \$100 upon the
23 physician. Failure to provide the information required to
24 complete the profile constitutes grounds for revocation of a
25 license or permit.

26 (225 ILCS 60/26) (from Ch. 111, par. 4400-26)

27 (Section scheduled to be repealed on January 1, 2007)

28 Sec. 26. Advertising.

29 (1) Any person licensed under this Act may advertise the
30 availability of professional services in the public media or on
31 the premises where such professional services are rendered.
32 Such advertising shall be limited to the following information:

1 (a) Publication of the person's name, title, office
2 hours, address and telephone number;

3 (b) Information pertaining to the person's areas of
4 specialization, including appropriate board certification
5 or limitation of professional practice;

6 (c) Information on usual and customary fees for routine
7 professional services offered, which information shall
8 include, notification that fees may be adjusted due to
9 complications or unforeseen circumstances;

10 (d) Announcement of the opening of, change of, absence
11 from, or return to business;

12 (e) Announcement of additions to or deletions from
13 professional licensed staff;

14 (f) The issuance of business or appointment cards.

15 (2) It is unlawful for any person licensed under this Act
16 to use ~~testimonials or~~ claims of superior quality of care to
17 entice the public. It shall be unlawful to advertise fee
18 comparisons of available services with those of other persons
19 licensed under this Act.

20 (3) This Act does not authorize the advertising of
21 professional services which the offeror of such services is not
22 licensed to render. Nor shall the advertiser use statements
23 which contain false, fraudulent, deceptive or misleading
24 material or guarantees of success, statements which play upon
25 the vanity or fears of the public, or statements which promote
26 or produce unfair competition.

27 (4) A licensee shall include in every advertisement for
28 services regulated under this Act his or her title as it
29 appears on the license or the initials authorized under this
30 Act.

31 (Source: P.A. 91-310, eff. 1-1-00.)

32 (225 ILCS 60/32 rep.)

33 Section 90. The Medical Practice Act of 1987 is amended by

1 repealing Section 32."